HEBRON COLLEGE

MOTTO: "JOURNEY TOWARDS FULFILLMENT"

(GOVERNMENT, WAEC & NECO APPROVED)

#2 – 6, Atala Street, Off Adesan Road, Mowe Town, Ogun State.

☎ 0806 686 6383, 0703 981 7205 ; **Email:** hebroncollege2003@gmail.com, **Website:** www.hebroncollege.sch.ng

QUESTIONNAIRE ENTRANCE FORM

PERSONAL DATA (PLEASE FILL THIS FORM IN BLOCK LETTERS)

NAME: _____
SURNAME FIRST NAME OTHER NAME

DATE OF BIRTH: _____ **PLACE OF BIRTH (DD/MM/YYYY):** _____

STATE OF ORIGIN: _____ **NATIONALITY:** _____

LOCAL GOVERNMENT: _____ **GENDER:** _____

NIN NUMBER FOR SENIOR STUDENT: _____

FATHER'S NAME: _____

FATHER'S OCCUPATION: _____

FATHER'S OFFICE ADDRESS: _____

_____

FATHER'S WHATSAPP TELEPHONE NO.: _____

FATHER'S HOME ADDRESS: _____

_____

FATHER'S OTHER WHATSAPP TELEPHONE NO.: _____

RELIGION: _____ **E-MAIL:** _____

MOTHER'S NAME: _____

MOTHER'S OCCUPATION: _____

MOTHER'S OFFICE ADDRESS: _____

_____

MOTHER'S OFFICE TELEPHONE NO.: _____

MOTHER'S HOME ADDRESS (Where different from father's): _____

_____

NAME AND ADDRESS OF PERSON MAKING APPLICATION (if neither father nor mother) _____

_____

RELIGION: _____ **E-MAIL:** _____

GUARDIAN

GUARDIAN'S NAME _____

GUARDIAN'S HOME ADDRESS: _____

_____

GUARDIAN'S WHATSAPP TELEPHONE NO.: _____

(who will take responsibility for your upkeep/school fees, etc)

UNCLE ☐ **AUNTY** ☐ **OTHER** ☐

NAME OF APPLICANT'S PREVIOUS SCHOOL:_____

LENGTH OF STAY IN THE SCHOOL:_____

LAST CLASS ATTENDED IN THE SCHOOL:_____

HAS THE APPLICANT TAKEN THE SCHOOL LEAVING CERTIFICATE? ("G.2") _____

HAS THE APPLICANT TAKEN OTHER EXTERNAL EXAMS? *(E.g. Entrance Examination to the Secondary Schools)*

Where: _____

IS THE APPLICANT TRANSFERRING FROM ANOTHER SCHOOL *(if so please attach the Transcript).*

APPLICANT'S DESIRE *(please tick the appropriate box)* ☐ Day Admission ☐ Boarding Admission

IF DAY ADMISSION ONLY, DOES THE APPLICANT REQUIRE TRANSPORT FACILITY? ☐ YES ☐ NO

DOES HE/SHE USE GLASSES? ☐ YES ☐ NO

DOES THE APPLICANT HAVE ANY MENTAL PROBLEM? ☐ NOW ☐ BEFORE ☐ NEVER

DOES THE APPLICANT SUFFER FROM SICKLE CELL ANAEMIA? ☐ YES ☐ NO

DOES THE APPLICANT SUFFER FROM EPILEPSY? ☐ NOW ☐ BEFORE ☐ NEVER

MY CHILD/WARD HAS THE FOLLOWING CHILDHOOD DISEASE *(Tick as appropriate)*

☐ CHICKEN POX ☐ MUMPS ☐ YELLOW FEVER ☐ MEASLES ☐ WHOOPING COUGH ☐ CHOLERA

GENOTYPE (PLEASE TICK AS APPROPRIATE) AA ☐ AS ☐ SS ☐

IS HE/SHE AN INTROVERT ☐ EXTROVERT ☐

PLEASE INDICATE YOUR INTRODUCTION TO THE SCHOOL *(by ticking the appropriate)*

☐ Newspaper ☐ Radio Advertisement ☐ Bill Board Advertisement

☐ Student ☐ Parent ☐ Staff ☐ Social Media

IF ANY OTHER SOURCE, PLEASE STATE: _____

_____

_____

N.B. ***Attach the photocopies of the following compulsory document:***

(1) Copy of Birth Certificate (2) 4 Recent Passport Colour Photograph

(3) Transcript/Last Report (4) Medical Report (5) Photocopy of NIN

DECLARATION

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND PROMISE TO ABIDE WITH THE RULES AND REGULATIONS OF THE SCHOOL.

_____ _____

APPLICANT'S SIGNATURE & DATE PARENT/GUARDIAN'S SIGNATURE & DATE

FOR OFFICIAL USE ONLY

EXAM NO.:_____ EXAM SCORE: _____

DATE OF ADMISSION/SESSION:_____

CLASS OF ADMISSION:_____ ADMISSION NO.:_____

REMARKS:_____

PRINCIPAL'S SIGNATURE:_____ DATE:_____